

# NEWS AND NOTES

## Views

Liver disease is a common cause of death in haemophiliacs because (unlike the human immunodeficiency virus) "dry heat" treatment of factor VIII concentrates does not inactivate the agent(s) that causes non-A, non-B hepatitis. As a result, by their third treatment all haemophiliacs have developed laboratory if not clinical evidence of this hepatitis. The production of viral free factor VIII by recombinant DNA techniques is on the horizon, but meanwhile (*British Journal of Haematology* 1987;67:707-11) "wet heating" may prove an effective way to inactivate the agent(s).

*More intensive dry heating, as in the process used to make 8Y, the NHS factor VIII concentrate, may also be effective. Unfortunately, supplies of 8Y from the British Blood Products Laboratory are limited, and will continue to be for at least another six months. Haemophilia unit directors thus have the uncomfortable choice of continuing to use imported contaminated concentrates or to buy, at twice the price, concentrate from the one company (a German one) that produces a product that has been proved not to transmit non-A, non-B hepatitis.*

In countries in east Africa knowledge of the toxicity of plants has developed pari passu with their use in medicine—knowledge that is now being exploited to identify plants with molluscicidal properties (*Journal of Tropical Medicine and Hygiene* 1987;90:197-204). Four plants have been shown to cause 100% mortality of *Biomphalaria pfeifferi*, the snail that transmits *Schistosoma mansoni*, and such plants are already on trial in Tanzania to help control schistosomiasis.

*This approach contrasts with that adopted for the control of human filariasis in Malaya. Delegates at the recent BMA conference (p 1126) heard that, although there is a good control programme in man, no attempts are being made to control the mosquito vectors or the half million or so monkeys that act as reservoirs of the disease.*

The diagnostic value of the serum marker prostate specific antigen (PSA) in prostatic cancer is limited: it may be raised in benign prostatic hyperplasia. Even so, its value as an "exquisitively" sensitive index of prostatic tumour size, spread, and response to irradiation is now well established (*New England Journal of Medicine* 1987;317:909-16). Serial measurements of PSA should probably replace acid phosphatase estimations in the staging and follow up of all cases of prostatic cancer.

*In patients with sickle cell disease the deformability of their red cells is increased after a week's strict bed rest ("Journal of Clinical Pathology" 1987;40:1187-8). Does this explain why bed rest is such an effective way of healing the leg ulcers in these patients?*

Despite the accepted dominant role of smoking in the aetiology of lung cancer, problems remain—particularly the different incidences between countries such as the USA and Japan. From a complex analysis of dietary data from 33 countries Wynder and his colleagues suggest that national differences in fat intake might be the

explanation (*Journal of the National Cancer Institute* 1987;79:631-7). High fat diets may exert their effect by modulating tobacco smoke carcinogens in the lung.

*Tobacco smoke is also implicated as the cause of the abnormal oral glucose tolerance test in smokers; the pattern is similar to that seen after gastric surgery, where it is attributed to accelerated gastric emptying. This may be due to a direct effect on motilin excretion, which is apparently abnormally increased in smokers 20 minutes after an oral glucose load ("Scandinavian Journal of Gastroenterology" 1987;22:809-12).*

And yet a further assessment of the effect of tobacco is reported in the *Journal of the American Medical Association* (1987;258:2080-6). The tobacco industry provides about 710 000 jobs in the United States; however, some 350 000 people die each year as a result of smoking, each of whom loses, on average, 15 years of life. The exchange—a year of employment for two people set against a 15 year loss of life for every one killed by tobacco—can hardly be regarded as favourable.

*In Dublin recently Minerva heard alarming rumours about the "Irish Medical Journal," with a question mark hanging over the future of the editor and even of the journal itself. Title tattle is a feature of Irish life (and Dean Swift would have delighted in the present episode) but medicine in the republic is too prestigious and important for it to lose such an important outlet, particularly in its jubilee year.*

The idea of paying a regular monthly fee to cover the cost of medical care (the basis of America's health maintenance organisations) may not have caught on with British doctors, but it has attracted the dentists. A new scheme described in *The Times* (1987 Oct 17 ; p 35 : cols 1-4), which charges patients £3 to £6 a month, claims that because the dentists have a guaranteed income they pay more attention to preventive care and to the quality and durability of their work than their NHS colleagues, who get paid for piecemeal. The NHS is said to be watching "with interest."

*Another new scheme, this time from the US to alleviate the tedium of waiting to see the doctor, is proposed in the "New England Journal of Medicine" (1987;317:967). Lottery machines should be installed in waiting rooms: every 15 minutes of waiting time would entitle a patient to a free lottery ticket. Over the machine there could be the banner "I won a million dollars waiting to see Dr—." The atmosphere would soon change from hostility to happy expectation, even politeness—"No, you go first. I'd rather wait." Now what's the British solution?*

Everybody knows about the risk of serious eye injury with sports such as ice hockey, tennis, squash, and golf. But perforating injuries in badminton players have only recently been described (*British Journal of Ophthalmology* 1987;71:746-7). Ocular injuries in this sport will probably increase as players swop their wooden rackets for steel framed ones that make the shuttlecock fly faster so players should protect their eyes.

MINERVA

# MEDICAL NEWS

## Government announces health promotion initiatives

Two studies into teenage smoking were announced in the Commons last week by junior health minister Mrs Edwina Currie. She said that there is concern that while smoking by boys is declining it remains high for girls and young women. One study will be into the reasons for this difference. The other will be to devise antismoking messages that will be accepted by the young.

Mrs Currie also noted that many nurses smoke, although most doctors do not. She intends to discuss with the profession how nurses can be helped to stop the habit.

In a debate on health promotion Mrs Currie also announced that as part of the "Look After Your Heart" campaign there are to be "heartbeat awards" for restaurants and catering establishments that have no smoking areas and healthy food on their menus.

Finally, she said that from 26 October the Health Education Authority would assume responsibility for developing new work on the public education campaign on the acquired immune deficiency syndrome (AIDS), with an initial allocation of £4.1m to meet the costs in the remainder of the financial year. There will be a gradual transfer of such education work from the Department of Health and Social Security.

## Losses from multiple sclerosis

The loss to music caused by the death last week of cellist Jacqueline du Pré from multiple sclerosis is incalculable, but last week also saw the Office of Health Economics calculate that the cost to the National Health Service of multiple sclerosis is over £18m a year. About 50 000 to 100 000 people in Britain have the disease, and each year they account for 92 000 hospital bed days and 228 000 consultations with general practitioners.

The total number of people suffering from the disease is increasing, although the number of new cases remains the same, says Bernie O'Brien of the health economics research group, Brunel Univer-

sity, in his booklet *Multiple Sclerosis*. Despite people surviving for longer premature death from multiple sclerosis in 1985 accounted for the loss of 22 000 future years of life—19 000 of these would have been before the age of 65. The figure gives a guide to the prognosis of patients with multiple sclerosis.

*Multiple Sclerosis* is available from the Office of Health Economics, 12 Whitehall, London SW1A 2DY, price £1.

## Breast cancer screening in Scotland

Mr Michael Forsyth, MP, Health Minister at the Scottish Office, has announced that the first four breast cancer screening centres in Scotland will be located in Edinburgh, Glasgow, Aberdeen, and Dundee. The Edinburgh centre will also act as a national training centre for mammography. "Our intention is that there will be 10 centres throughout Scotland by 1991 thereby establishing a comprehensive nationwide screening programme." All four centres should be in operation by the end of 1988.

An Advisory Group on Breast Cancer Screening in Scotland has also been established, with Professor Sir Patrick Forrest as chairman. This group will advise on and help to monitor the implementation of the breast cancer screening service.

## Bed and breakfast accommodation damages child health

Living in bed and breakfast accommodation damages the health of children, said Sheila McKechnie, director of Shelter, at a conference last week. Children are living in such accommodation because their families are homeless, and in the past three years the number of families living in bed and breakfast hotels has increased by 250%.

Research done by the Thomas Coram Foundation for children, and quoted by Ms McKechnie, has shown that in bed and breakfast accommodation: proper breastfeeding is almost impossible

as mothers cannot eat adequately and are often depressed; without the facilities for laundry or sterilising bottles there is a high risk of infection; accidents are common because of lack of play space and safety hazards such as broken windows; as well as having an increased incidence of behavioural disorders, the children's motor development is impaired as they are often strapped into pushchairs or cots for their own safety; and their speech is delayed because they are not stimulated by their depressed parents who seldom go out or have visitors. More children are being taken into care simply because the family has no home.

Ms McKechnie warned that the government's new housing white paper, which does not mention homelessness, would make things much worse by increasing rents and virtually eliminating council housing.

## Campaign to encourage uptake of free milk

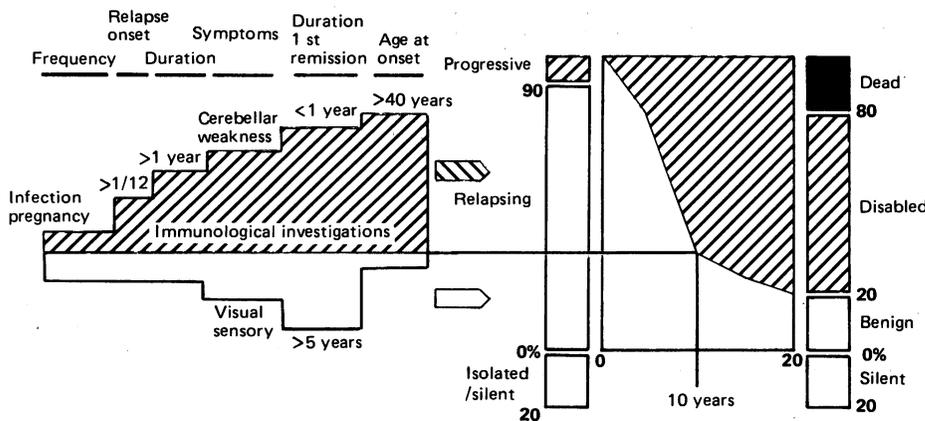
A campaign has been launched by the Maternity Alliance to encourage those eligible for free milk to claim their milk, worth £87 a year. At the moment fewer than half of those entitled to this benefit actually receive their free milk. A pilot study by the Maternity Alliance, the Dairy Trade Federation, and the National Dairy Council showed that promoting free milk through dairies and health services does improve uptake. As a result of this study a national campaign is being launched to reach more families throughout the country. Low income families not receiving supplementary benefit or family income supplement will be the main target of this new promotion.

## World no smoking day—7 April 1988

The 40th World Health Assembly has called on its 166 member states to celebrate the World Health Organisation's 40th anniversary on 7 April 1988 with a worldwide no smoking day. The assembly's resolution appeals to the world's media to suspend tobacco promotion on no smoking day. The WHO also hopes that this event will provide an opportunity for newspapers to consider a longer term reduction in tobacco advertising, although it is admitted that the media in many third world countries are often forced to rely on tobacco advertising for financial support.

## Patients to have access to medical reports for insurance companies and employers?

As a result of the private members' ballot the House of Commons will this winter be faced with three bills dealing with secrecy and freedom of information. These include a bill to be introduced by Liberal MP Archy Kirkwood that will enable patients to see reports written by doctors for insurance companies and employers. This bill, which is being drafted by the Campaign for the Freedom of Information, would allow people to see these references before they are sent. They could make suggestions about the contents but could not require changes if the doctor did not agree. If they found a reference wholly unacceptable, however, the patients could withdraw their consent and the doctor would have to respect their wishes. None the less, the doctor would be able to withhold part or all of the report if he felt that giving access would



A diagram to illustrate the course and disability in multiple sclerosis; the central vertical column shows the percentage of patients presenting with relapsing or progressive disease and the right-hand vertical column illustrates the predicted outcome at 20 years. In between are actuarial curves for mortality (blackened areas) and disability (dark hatching). A vertical line is drawn at 10 years showing the decrease in slope of the disability curve thereafter. The horizontal line intercepting this is drawn to illustrate the relative weighting of clinical characteristics during the earlier (relapsing) course which can be used to predict prognosis. The height of the columns above this line in the left half of the diagram represents factors favouring a poor prognosis and the height below this line illustrates those carrying a good prognosis. Source Compston (1987).

cause serious harm to the patient's physical or mental health.

Mr Kirkwood is concerned about the degree to which such references rely on medical records: "First, because of the high level of errors commonly found on medical records. They are not accurate documents. Second, because it is so easy for an outdated observation to be accepted or an isolated episode from one's medical history to be taken out of context." He is also worried that patients are unaware that they are consenting to such extensive access.

Reports resulting from an examination by a doctor who had never been responsible for the patient's care would not be covered by the bill. A doctor acting in this capacity would not have had access to confidential information obtained during patient consultations.

The bill is in line with BMA council policy on employment reports, which states that "the patient should generally be given the opportunity of seeing the report and indicating whether he or she would wish it to be sent."

### Quick and early diagnosis at the QE

A £2m appeal has been launched by the Queen Elizabeth Hospital in Birmingham to pay for the first quick and early diagnosis unit in Britain. The unit should open in 1991 and will screen for heart disease and various forms of cancer.

It aims at increasing the early detection of disease and reducing patients' anxiety by providing a diagnosis within three days of them visiting their general practitioners with the initial symptoms. A list of agreed symptoms will be circulated to general practitioners, who can then refer these patients immediately to the hospital. Eight diseases have been selected because early diagnosis can improve cure rates. These include gastric and colorectal cancer, cancer of the breast, head and neck, bladder, and kidney, and heart disease.

The unit will place no demand on health authority funds for three years and then intends to operate at low cost, using existing hospital consultants "who would merely attend an extra clinic once or twice per week." It is expected that the unit will reduce the need for radical surgery and long stays in hospital and thus might influence health authorities throughout Britain to introduce similar units.

### BMA to help reduce smoking among the young

Although the latest figures from the Office of Population Censuses and Surveys show that smoking among young people has gone down, the decline has been less among girls than boys. As a contribution to encouraging the decline the BMA is to cooperate with representatives of the various churches to produce a leaflet for those intending to marry that promotes the benefits of a healthy, non-smoking lifestyle.

Research has shown that parents have a crucial part to play in emphasising to children the proved hazards of smoking, said Dr Anne Charlton, director of the Cancer Research Campaign education and child studies research group at the University of Manchester, at a BMA press conference. Important in encouraging smoking are advertisements, which influence girls in particular into thinking that smoking is good for calming their nerves and keeping them slim. Dr Charlton criticised Mrs Edwina Currie, the junior health minister, for undertaking further inquiries into the causes of children's smoking rather than acting to ban advertisements.

The BMA is to seek a meeting with the Department of Education and Science to urge that adequate time be given to antismoking education programmes and that non-smoking policies be adopted in schools and places of further education. The government will also be urged again to ban tobacco advertising and promotion and to increase the tax on tobacco, which would be a major deterrent to young people.



One of six cards produced by Project Smoke Free and designed to overcome people's reluctance to point out that they are offended by somebody else's smoking. They are for use in the office, the pub, the cinema, or a restaurant and are designed to be handed to a person in authority, left at a table, or given to the person who is smoking. A set of six cards is available free from Project Smoke Free, North Western Regional Health Authority, Gateway House, Piccadilly South, Manchester M60 7LP.

### "Sun" censured for obtaining picture of mentally handicapped patient by deceit

The Press Council has censured the *Sun* for obtaining by deceit and publishing a photograph of the Queen's cousin, a patient in a hospital for the mentally handicapped. The council said it was abhorrent and a gross intrusion into the patient's privacy.

The paper published the picture of Katherine Bowes-Lyon with a front page lead story headlined "Queen's cousin locked in madhouse" and the subheading "46-year nightmare of abandoned Kate." There were many complaints, and the managing editor of the *Sun* apologised for the use of the word "madhouse." The newspaper's legal manager refused to accept, however, that the story was inaccurate in any substantial respect.

The Press Council declared that the newspaper had failed to distinguish between material which ought to be published in the public interest and material whose publication is unjustifiable though it may well be of interest to the public. It upheld the complaints against the *Sun* for taking and using the photograph and in respect of the headline and article.

### "Gruesome speculation" in the "News of the World"

The *News of the World*, a newspaper that like the *Sun* is owned by Mr Rupert Murdoch's News International plc, was also censured last week by the Press Council—for its "gruesome speculation" on the results of the postmortem examination of the body of a girl murdered by the Moors murderers. The newspaper forecast in detail what the pathologists would do to the body to discover how death had occurred, using what a complainant called "horribly sensational language."

The Press Council ruled that the newspaper's treatment of the matter was "insensitive and prurient" and "likely to intrude into and unnecessarily exacerbate the grief of the girl's family, and to be offensive to reader." The council did not, however, find it hypocritical that the *News of the World* published in the same issue an article by Woodrow Wyatt entitled "It's time to bury horrors of Moors."

### Lead free drive

A three year programme to get British motorists to use lead free petrol began with the launch of national lead free petrol week last week. Britain is trailing behind many of its European Community partners in the use of lead free petrol. Despite the public demand for reductions in lead pollution, many drivers are unaware that unleaded petrol is available at more than 500 petrol stations, that 10% of cars can use it without modification, and that many more could use it if they were adapted.

During the national lead free petrol week volunteers across Britain will supply motorists with detailed information about where to buy unleaded petrol and its suitability for various cars on the road. Motorists calling at service stations selling unleaded petrol will be given leaflets explaining the benefits of unleaded petrol, and the addresses of all stations selling unleaded petrol will be publicised both nationally and locally.

A series of regional lead free weeks will follow the national week, covering Sussex, Kent, Essex, South Yorkshire, and the West Midlands between November and April.

### International prize for GP research

One hundred and fifty general practitioners from over a dozen countries have formed the European General Practitioner Research Workshop, which will meet regularly to discuss research projects and methodology comparing general practice in the different member countries.

To stimulate involvement in developing an international research project G D Searle and Company are sponsoring a prize for the best proposal adopted as an official study by the European General Practitioner Research Workshop.

The proposal should concentrate on patients and factors related to their health; it should be practical in terms of cost and patient numbers; and ideally it

should be concerned with conditions such as diet, which differ between countries.

Further details from Dr Paul Wallace, Department of General Practice, Lisson Grove Health Centre, Gateforth Street, London NW8 8EG. The closing date for entries is 31 March 1988.

### Calling junior radiologists

The Royal College of Radiologists has set up a junior radiologists' forum, which has representatives in all regions, Wales, Scotland, and Northern Ireland. Members of the forum sit on all the college committees. Junior doctors in radiotherapy or oncology and radiodiagnosis who have items for discussion or comments should contact the forum secretariat at the college, 38 Portland Place, London W1N 3DG.

### Vigil for Anna

The vigil committee that campaigned successfully for the release of Irina Ratushinskaya and Alexander Ogorodnikov from Russian prisons is now working for the release of Anna Chertkova, who has been confined in Russian psychiatric hospitals for the past 14 years. Details of the committee's work are available from Rev Dr Richard Rogers, 63 Meadow Brook Road, Northfield, Birmingham B31 1ND.

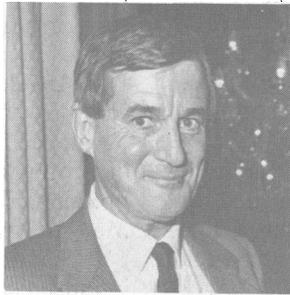
### Spanish oil

The toxic oil syndrome has affected some 20 000 people (causing about 400 deaths) since 1981. The Social Security Health Research Fund of Spain has begun a joint research programme with the World Health Organisation's regional office for Europe,

and together they are calling for research proposals. Further information on lines of research and grants from the director, Environmental Health Service, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen, Denmark.

### People in the news

This year's Evian health awards for medicine and science have been won by Dr Godfrey Fowler, head of the university department of general practice in Oxford, for his work in making people aware of the importance of maintaining good health, and Sir Douglas Black for his continued



Dr Godfrey Fowler

investigation of the influence of social environment on health. These awards were created in 1985 to "highlight and reward outstanding contributions made by individuals and organisations towards safeguarding the health of the nation." The London Lighthouse (the first independent AIDS hospice) and the Research Council for Complementary Medicine won awards in other categories.

Dr Thomas Bewley, immediate past president of

the Royal College of Psychiatrists, has succeeded Professor John Strong as chairman of the national alcohol pressure group Action on Alcohol Abuse.

The new officers of the Overseas Doctors Association include Dr A K Admani as president and Dr S Venugopal as chairman.

Professor John Turk, Sir William Collins professor of human and comparative pathology at the Royal College of Surgeons, has been appointed chairman of the medical advisory board of Lepra, the British Leprosy Relief Association.

### Waiting list

Latest figures (March 1987) show 688 000 people on waiting lists for inpatient treatment, nearly 1% up on the figure for September 1986. Of these, some 162 000 of them have been waiting for more than a year, 2000 fewer than before.

### Medicine à la française

The Collège de Médecine des Hôpitaux de Paris and the Direction Générale des Hospices Civils de Lyon are offering one year posts to junior foreign doctors who would like to work as clinicians, pathologists, or clinical physiologists in Paris or Lyons. Applicants must be under 35, speak fluent French, have at least two years' postregistration experience, and present evidence of acceptance by a french hospital department. The monthly salary would be approximately F7200 in Paris and F8000 in Lyons.

Applications should be made by 31 January 1988 for posts beginning in November in Paris and by February 1988 for October posts in Lyons. Further information is available from: Ambassade de France, 62 Brompton Road, London SW3 1BW.

## COMING EVENTS

**British Medical Association Trent Regional Office**—Seminar "A complete guide to surgery purchase," 2 December, Nottingham, and 10 December, Leicester. Details from the office, 301 Glossop Road, Sheffield. (Tel 0742 721705.)

**British Society for Allergy and Environmental Medicine**—Winter meeting "Aspects of environmental medicine," 4 December, London. Details from the society, Acorns, Romsey Road, Cadnam, Southampton SO4 2NN. (Tel 0703 812124.)

**Association of Aviation Medical Examiners**—Annual scientific meeting, 9 April 1988, Great Malvern. Details from the secretary of the association Mr J Ruff, 7 Torwood Gardens, Stoke Park, Bishopstoke, Hampshire SO5 6PD. (Tel 0703 693762.)

## SOCIETIES AND LECTURES

*For attending lectures marked \* a fee is charged or a ticket is required. Applications should be made first to the institutions concerned.*

### Monday 2 November

**ST GEORGE'S HOSPITAL MEDICAL SCHOOL**—At Lecture Theatre A, 12.30 pm, obstetrics and gynaecology departmental postgraduate meeting, Mrs D Patel: Link workers scheme.

**SOCIETY OF APOTHECARIES OF LONDON FACULTY OF THE HISTORY AND PHILOSOPHY OF MEDICINE AND PHARMACY**—At Apothecaries' Hall, 6 pm, Sydenham lecture by Dr G P Clein: The illness of George III: the Purbeck factor.\* (Preceded by tea 5.30 pm, followed by buffet supper.)

**UNIVERSITY COLLEGE LONDON PSYCHOANALYSIS UNIT**—At Darwin Theatre, 5.30 pm, Freud memorial lecture in psychoanalysis by John Steiner: The aim of psychoanalysis.

### Tuesday 3 November

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**—5 pm, Arnott demonstration by Mr A Graham Apley: Open sesamoid!

**UNIVERSITY COLLEGE LONDON**—At Darwin Theatre, 11.15 pm, Professor P N Campbell: The contract researcher: an endangered species.

**UNIVERSITY COLLEGE AND MIDDLESEX SCHOOL OF MEDICINE**—At Chemistry Auditorium, Christopher Ingold Laboratories, 5.30 pm, inaugural lecture by Professor J A Stephens: The control of finger movements studied in man.

**UNIVERSITY OF OXFORD ICRF CANCER EPIDEMIOLOGY AND CLINICAL TRIALS UNIT**—At Ida Green Seminar Room, Observer's House, Green College, 5 pm, Jim Mann/Barbara Morgan: Modifying blood lipids in Britain.

### Wednesday 4 November

**INSTITUTE OF NEUROLOGY QUEEN SQUARE**—Sandoz Foundation advanced lectures, 6 pm, Dr Brian Butterworth: Investigation of speech production in normal subjects. 7 pm, Dr Rosaleen A McCarthy: Disorders of speech production.

**INSTITUTE OF OBSTETRICS AND GYNAECOLOGY**—At First Floor Pathology Conference Room, Queen Charlotte's Maternity Hospital, 12.15 for 12.30 pm, paediatric seminar lecture by Dr S G Newell: Gastro-oesophageal reflux in the preterm infant.

**KING'S COLLEGE SCHOOL OF MEDICINE AND DENTISTRY LIVER UNIT**—In seminar room, 5 pm, Professor L Wolpert FRS: Gastroenterology AD 2037.

**LONDON SPORTS MEDICINE INSTITUTE**—At Medical College of St Bartholomew's Hospital, 7.15 pm, Dr J G P Williams: The Achilles tendon and its problems.

**ROYAL POSTGRADUATE MEDICAL SCHOOL**—At Stamp Lecture Theatre, 10.15 am, medical staff round.

### Thursday 5 November

**ROYAL SOCIETY**—4.30 pm, Leeuwenhoek lecture by Professor D A Hopwood FRS: Towards an understanding of gene switching in streptomycetes, the basis of sporulation and antibiotic production.

**SOUTHMEAD CENTRE FOR MEDICAL EDUCATION**—1.10 pm, lecture for hospital staff and general practitioners by Mr G Bannister: Advances in joint replacement. (Lunch available from 12 midday.)

### Friday 6 November

**BROMPTON HOSPITAL MEDICAL UNIT STAFF ROUND**—At Lecture Theatre, Cardiothoracic Institute, 8 am, Professor Barry Kay's department: Cell mediated immunity in allergy and asthma. (Coffee and rolls available at 7.45 am.)

### Saturday 7 November

**UNIVERSITY OF OXFORD NUFFIELD DEPARTMENT OF ORTHOPAEDIC SURGERY**—At Lecture Theatre, Nuffield Orthopaedic Centre,

8.30 am, Professor M E Pembrey: Modern molecular genetics: clinical significance. 9.30 am, Professor M E Pembrey: Genetics and dwarfism.

## BMA NOTICES

### Division meetings

*Members proposing to attend meetings marked \* are asked to notify in advance the honorary secretary concerned.*

**Blackburn**—At Postgraduate Medical Centre, Monday 2 November, 7.30 pm, general meeting for Dr Peter Grime to discuss 1987 ARM.

**Fife**—At Anthony's Hotel, Kirkcaldy, Friday 6 November, 8 for 8.30 pm, dinner dance.\*

**Glasgow**—At University Staff Club, Thursday 5 November, 8 pm, joint meeting with the BMA Ladies' Club, speaker Mr E G Donald.

**Greenwich and Bexley**—At School of Nursing, Queen Elizabeth Military Hospital, Wednesday 4 November, 6.30 pm, clinical meeting.\* (Followed by buffet supper.)

**Harrogate**—At Postgraduate Centre, Harrogate General Hospital, Tuesday 3 November, 7.30 pm, meeting on "Local natural history."\* (Buffet supper provided.)

**Huddersfield**—At Postgraduate Discussion Room, Huddersfield Royal Infirmary, Monday 2 November, 8 pm, ordinary meeting.

**Sandwell**—At Edgbaston Banqueting Centre, Saturday 7 November, annual dinner dance.\* (Guests invited.)

**South Bedfordshire**—At Sculpture Gallery, Woburn Abbey, Friday 6 November, 8 for 8.30 pm, annual dinner, guest speakers the Reverend William Gowland and Mr David Harland.\* (Non-members and guests welcome.)

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## Scientifically Speaking

Some myths never get nailed. At a recent scientific conference I was eavesdropping—yes, shamelessly listening in to a conversation that was none of my business whatever—when I heard two bioresearchers confidently swapping assertions that were simply untrue. Tucked into the corner of a cocktail bar, they were waxing eloquent and philosophical about the protoplasm of which humankind is composed.

"Yours might be a little more expensive, but I guess my body must be worth about £5 as basic chemicals," said one, with jocular authority. No so. That old saw about ash, useless collagen, and most of us being water anyway is actually wildly misleading. As Daniel Sadoff showed a few years ago, the total market value of the substances enshrined in the human frame is astronomical.<sup>1</sup> To take just a few of Dr Sadoff's constituent at the rates quoted in Sigma Biochemicals' then current catalogue, he costed the 510 g of haemoglobin in a 70 kg individual at \$2550, the 153 g of albumin at \$4819, and the 40 g of myoglobin at \$100 000. Even bodily cholesterol is an appreciable asset. I estimate that the average quantity (say 140 g) in every *BMJ* reader comes to over £300 at today's prices.

So much for the worthless body, living or dead. My unwitting informant got it about as wrong as did the gunman at St Jude Research Hospital, Memphis, Tennessee, who in February 1984 released a psychiatrist he was holding hostage in exchange for five hamburgers, five cheeseburgers, and one packet of potato crisps. Even on a sliding scale rating psychiatrists as much less valuable than brain surgeons or molecular biologists, that is simply not an honest price.

"The other strange thing," my second informant vouchsafed, "is that no one has ever been able to find any anatomical differences between the brains of geniuses like Einstein and those of people with average intelligence." Quite right, his companion concurred. Wrong again. Two years ago University of California neuroanatomist Marian Diamond reinvestigated the illustrious relativist's cerebral equipment. Following up experiments in which he had discovered a greater proportion of glial cells per neurone in the brains of animals reared in environments designed to stimulate mental activity, he wanted to know whether similar differences were apparent across the human intellectual spectrum.

Diamond secured his samples from Thomas Harvey, the pathologist who performed the postmortem examination on Albert Einstein in 1955 and later attracted macabre fame when it became known that he had stored the revered brain tissue in glass jars in a box labelled "cider." Comparing the 76 year old relativist's brain with those of 11 "normal males," Diamond found that the neurones in both hemispheres did indeed have on average more glial cells—although the difference was statistically significant only in the left rear portion of the brain.<sup>2</sup> He was careful to emphasise that he had no means of knowing whether the difference had been acquired or present from birth but argued that "in one of the highest evolved areas of the brain there is evidence that Einstein had greater intellectual processing."

So much for bar gossip. But what really made my ears

prick up on that occasion was hearing such an exchange of views at the very time when the value of human tissues is becoming a very hot topic indeed. Take the case of John Moore, now causing consternation in biotechnological circles in the United States. A surveyor working on the trans-Alaska pipeline, Moore was told in 1976 that he was suffering from hairy cell leukaemia. His condition greatly improved after splenectomy at the University of California, Los Angeles Medical Center. But Moore's excised spleen also proved of considerable use to researchers there, who developed from it a cell line, designated Mo, that was capable of producing large quantities of several potentially useful proteins. The university subsequently applied for a patent on Mo cells, which was granted in 1984.

Although John Moore at first waived all rights in his now immortalised former tissues, he thought again when they were patented. He sued the University of California for misappropriating Mo cells and claimed a share of any profits from products synthesised by them. In March last year a state superior judge dismissed Moore's suit, but it is now under appeal. He continues to press his case for a monetary return from the tissue he happily jettisoned over a decade ago.

As described by Laura Tanglely, the Moore case has provoked unprecedented legal and scientific uncertainty and confusion.<sup>3</sup> There are, she points out, simply no statutes or judicial precedents in the United States that address the question of ownership of human tissues. Lawyers can turn only to patent law, laws regulating postmortem examinations and cadavers, copyright law, trade secrets law, organ transplantation law (which prohibits the sale of human kidney, heart, liver, lung, pancreas, bone marrow, cornea, eye, bone, and skin), or the law that permits sales of blood and semen (as services rather than commodities). But as a report by the US Office of Technology Assessment (OTA) pointed out earlier this year, none of these statutes provide clear ownership rights to human biological materials.<sup>4</sup>

Given that America's "societal concerns" arrive at our shores some months or years after erupting over there, we are fortunate in having time to consider how to tackle this devilish conundrum. Alas, the OTA report is not prescriptively helpful and ends with a plaintive suggestion that the tissue is as yet limited because no one else has taken similar action to that of surveyor Moore. Its balance of arguments is no more than useful in surveying the contentious territory. Hard thinking is still required.

So my unwitting informants were not only wrong about our chemical make up and the nature of elite brains. They also managed to overlook the topical topic of human tissue trading. It's an issue that seems certain to make large quantities of money, if not for cell producers then certainly for the lawyers who will thrash out this extraordinary aspect of personal property.

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1 Sadoff D V M. Value of the human body. *N Engl J Med* 1983;308:1543.

2 Anonymous. Inside Einstein's brain. *Science* 84 March 1984:6.

3 Tanglely L. Who owns human tissues and cells? *Bioscience* 1987;37:376.

4 Office of Technology Assessment. *New developments in biotechnology: Ownership of human tissues and cells*. 1987. (US Government Printing Office, Washington, DC; 20402-9325.)